
	<b>LOS LUNAS POLICE DEPARTMENT</b>		
	PERSONNEL	NUMBER: PER.10.01	EFFECTIVE DATE: June 18, 2010
	SUBJECT: Communicable Diseases		REVIEW DATE: August 25, 2015
	AMENDS/ SUPERSEDES:	NMSA:	
NMMLEPSC STANDARDS: PER.10.01		APPROVED BY CHIEF OF POLICE NAITHAN G. GURULE  Signature	

## I. PURPOSE

Because of work in environments that provide inherently unpredictable risks of exposures, general infection control procedures shall be applicable to all work situations. Exposures are unpredictable; therefore protective measures often may be used in situations that do not appear to present risk.

## II. POLICY

These general infection control procedures have been developed to minimize the risk of patient acquisition of infection from contact with contaminated devices, objects or surfaces and of transmission of an infectious agent from health-care workers to patients. These procedures also should protect health-care workers from the risk of becoming infected. These procedures are designed to prevent transmission of a wide range of microbiological agents and to provide a wide margin of safety in the varied situations encountered in the health-care environment.

## III. INFECTIOUS DISEASE

- A. DEFINITION: An infectious or communicable disease is one that can be transmitted from person to person or from an infected animal or the environment to a person.
- B. IDENTIFICATION: A person should be considered infectious if he/she displays any of the following
  1. Current history of infection.

2. Fever.
3. A rash, open sore or skin lesion anywhere on the body.
4. Diarrhea.
5. Vomiting.
6. Coughing or sneezing, especially with chest pain.
7. Draining wounds (pus, blood or other matter oozing, flowing or spurting from open wounds anywhere in the body).
8. Profuse sweating.
9. Abdominal pain.
10. Headache accompanied by stiffness in the neck.
11. Signs of jaundice (yellowish discoloration of the skin or in the sclera of the eyes).

#### **IV. EXPOSURE**

Contact with blood or potentially infectious body fluids through the following methods:

- A. Needle sticks.
- B. Contact of blood or blood-contaminated body fluids with chapped or non-intact skin, open wounds or mucous membranes.
- C. Saliva in a human bite.

#### **V. TREATMENT FOR EXPOSURE**

- A. Immediately wash the affected area with soap or a decontaminating solution.
- B. Consult the proper medical authority for assessment, counseling and preventive treatment as appropriate.
- C. Some types of exposure, for example human bites, require attention to prevent other types of infection.

## **VI. REPORTING EXPOSURES**

- A. Notify immediate supervisor.
- B. Document the time and nature of exposure and submit exposure report to your immediate supervisor as soon as possible after the incident.

## **VII. RECORD KEEPING - MEDICAL RECORDS**

- A. The employer shall establish and maintain an accurate record for each employee.
- B. This record shall include:
  - 1. Name and social security number of the employee.
  - 2. A copy of the employee's Hepatitis B vaccination records and medical records relative to the employee's ability to receive vaccination or the circumstances of an exposure incident.
  - 3. A copy of all results of physical examinations, medical testing and follow-up procedures as they relate to the employee's ability to receive vaccination or to post-exposure evaluation following an exposure incident.
  - 4. The employer's copy of the physician's opinion.
  - 5. A copy of the information provided to the physician.
- C. The employer shall assure that employee medical records are kept confidential and are not disclosed or reported to any person within or outside the work place.
- D. The employer shall maintain this record for at least the duration of employment plus 30 years in accordance with "29 CFR 1910.20, Access to Employee Exposure and Medical Records."

## **VIII. TRAINING**

Personnel shall attend a training session each year on the prevention and spread of infectious diseases. As part of the training, employees will receive:

- A. Information as to the location of the written Infection Control Policy as well as any applicable OSHA standards.

- B. A general explanation of the epidemiology and symptoms of blood-borne diseases.
- C. An explanation of the modes of transmission of blood-borne pathogens.
- D. An explanation of the Infection Control Policy.
- E. An explanation of the appropriate methods for recognizing tasks and activities that may involve exposure to blood and other potentially infectious materials.
- F. An explanation of the use and limitations of practices that will prevent or reduce exposure, including appropriate engineering controls, work practices and personal protective equipment.
- G. An explanation of the basis for selection of personal protective equipment.
- H. Information on the Hepatitis B vaccine, including information on its efficacy and safety and the benefits of being vaccinated.
- I. Information on the appropriate actions to take and persons to contact in the event of an emergency.
- J. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.

## **IX. ADHERENCE TO INFECTION CONTROL POLICIES**

- A. Hepatitis B Vaccination (HBV) and Post-Exposure follow-up
  - 1. GENERAL POLICY
    - a. This employer will make available Hepatitis B vaccination to all employees who have occupational exposure on an average of one or more times per month and post-exposure follow-up for all employees with an occupational exposure incident.
    - b. All medical evaluations and procedures will be performed under the supervision of a licensed physician and all laboratory tests will be conducted by an accredited laboratory.

- c. All evaluations, procedures, vaccinations and post-exposure management will be provided at a reasonable time and place and according to standard recommendations for medical practice.
- 2. Hepatitis B vaccination shall be offered free of charge to all employees occupationally exposed to blood or other potentially infectious materials on an average of one or more times per month unless the employee has a previous HBV or unless antibody testing has revealed that the employee is immune. If the employee initially declines HBV, but at a later date, while still covered under the standard and still employed by this employer, decides to accept the HBV vaccine, the employer shall provide the vaccine at that time. Should a booster dose(s) be recommended at a future date under the same conditions listed above, such booster dose(s) shall be provided free of charge according to standard recommendations for medical practice.
- 3. Following a report of an exposure incident, the employer will make available a confidential medical evaluation and follow-up, including at least the following elements:
  - a. Documentation of the route(s) of exposure, HBV and HIV antibody status of the source patient, if known, and the circumstances under which the exposure occurred.
  - b. If the source patient can be determined and permission is obtained, collection and testing of the source patient's blood to determine the presence of HIV or HBV infection.
  - c. Collection of blood from the exposed employee as soon as possible after the exposure incident for the determination of HIV and/or HBV status. Actual antibody or antigen testing of the blood or serum sample may be done at that time or at a later date if the employee so requests.
  - d. Follow-up of the exposed employee including antibody or antigen testing, counseling, illness reporting and safe, effective post-exposure prophylaxis according to standard recommendations for medical practice.

4. For each evaluation under this section, the employer shall obtain and provide the employee with a copy of the evaluating physician's written opinion within 15 working days of the completion of the evaluation. The written opinion shall be limited to the following information:
  - a. The physician's recommended limitations upon the employee's ability to receive Hepatitis B vaccination.
  - b. A statement that the employee has been informed of the resulting medical evaluation and that the employee has been evaluated for any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
  - c. Specific findings or diagnoses which are related to the employee's ability to receive HBV. Any other findings and diagnoses shall remain confidential.

### **SPECIAL GUIDELINES FOR LAW ENFORCEMENT PERSONNEL**

Law enforcement officers may face the risk of exposure to blood during the conduct of their duties. For example, at the crime scene or during processing of suspects, law enforcement officers may encounter blood-contaminated hypodermic needles or weapons or be called upon to assist with body removal. Officers similarly may be required to search prisoners or their cells for hypodermic needles or weapons or subdue violent and combative inmates.

The following section presents information for reducing the risk of acquiring HIV and HBV infection by law enforcement officers as a consequence of carrying out their duties. However, there is an extremely diverse range of potential situations which may occur in the control of persons with unpredictable, violent or psychotic behavior. Therefore, informed judgment of the individual officer is paramount when unusual circumstances or events arise. These recommendations should serve as an adjunct to rational decision making in those situations where specific guidelines do not exist, particularly where immediate action is required to preserve life or prevent significant injury.

The following guidelines are arranged into three sections: a section addressing concerns shared by both law enforcement and detention facility officers, and two sections dealing separately with law enforcement officers

and detention facility officers, respectively.

## **X. LAW ENFORCEMENT CONSIDERATIONS**

### **A. FIGHTS AND ASSAULTS**

Law enforcement officers are exposed to a range of assaults and disruptive behavior through which they potentially may become exposed to blood or other body fluids containing blood. Behaviors of particular concern are biting, attacks resulting in blood exposure, and attacks with sharp objects. Such behaviors may occur in a range of law enforcement situations including arrests, routine interrogations, domestic disputes and lockup operations, as well as in detention facility activities. Hand-to-hand combat may result in bleeding and thus may incur a greater chance for blood-to-blood exposures, which increases the chance for blood-borne disease transmission.

Whenever the possibility for exposure to blood or blood-contaminated body fluids exists, appropriate protection should be worn, if feasible under the circumstances. In all cases, extreme caution must be used in dealing with the suspect or prisoner if there is any indication of assaults or combative behavior. When blood is present and a suspect or an inmate is combative or threatening to staff, gloves should always be put on as soon as conditions permit. In case of blood contamination of clothing, an extra change of clothing should be available at all times.

### **B. CARDIOPULMONARY RESUSCITATION**

Law enforcement personnel also are concerned about infection with HIV and HBV through administration of cardiopulmonary resuscitation (CPR). Therefore, agencies should make protective masks or airways available to officers and provide training in their proper use. Devices with one-way valves to prevent the patients' saliva or vomitus from entering the care giver's mouth are preferable.

## **XI. LAW ENFORCEMENT CONSIDERATIONS**

### **A. SEARCHES AND EVIDENCE HANDLING**

Criminal justice personnel have potential risks of acquiring HBV or HIV infection through exposures which occur during searches and evidence handling. Penetrating injuries are known to occur, and

puncture wounds or needle sticks in particular pose a hazard during searches of persons, vehicles or cells, and during evidence handling. The following precautionary measures will help to reduce the risk of infection:

1. An Officer should use great caution in searching the clothing of suspects. Individual discretion, based on the circumstances at hand, should determine if a suspect or prisoner should empty his own pockets or if the officer should use his own skills in determining the contents of a subject's clothing.
2. A safe distance should always be maintained between the officer and the suspect.
3. Wear protective gloves if exposure to blood is likely to be encountered.
4. If cotton gloves are to be worn when working with evidence of potential latent fingerprint value at the crime scene, they can be worn over protective disposable gloves when exposure to blood may occur.
5. Always carry a flashlight, even during the daylight shifts, to search hidden areas. Whenever possible, use long-handled mirrors and flashlights to search such areas (e.g., under car seats).
6. If searching a purse, carefully empty contents directly from purse by turning it upside down over a table.
7. Use puncture-proof containers to store sharp instruments and clearly marked plastic bags to store other possibly contaminated items.
8. To avoid tearing gloves, use evidence tape instead of metal staples to seal evidence.
9. Local procedures for evidence handling should be followed. In general, items should be air dried before sealing in plastic.

Officers and crime scene technicians may confront unusual hazards, especially when the crime scene involves violent behavior, such as a homicide where large amounts of blood



are present. Protective gloves should be available and worn in this setting. In addition, for very large spills, consideration should be given to other protective clothing, such as overalls, aprons, boots, or protective shoe covers. They should be changed if torn or soiled, and always removed prior to leaving the scene. While wearing gloves, avoid handling personal items such as combs and pens that could become soiled or contaminated.

Face masks and eye protection or a face shield are required for laboratory and evidence technicians whose jobs entail potential exposures to blood via a splash to the face, mouth, nose or eyes.

Airborne particles of dried blood may be generated when a stain is scraped. It is recommended that protective masks and eye wear or face shields be worn by laboratory or evidence technicians when removing the blood stain for laboratory analyses.

While processing the crime scene, personnel should be alert for the presence of sharp objects such as hypodermic needles, knives, razors, broken glass, nails or other sharp objects.

#### **B. HANDLING DECEASED PERSON AND BODY REMOVAL**

For detectives, investigators, evidence technicians and others who may have to touch or remove a body, the response should be the same as for situations requiring CPR or first aid: wear gloves and cover all cuts and abrasions to create a barrier and carefully wash all exposed areas after any contact with blood. The precautions to be used with blood and deceased person also should be used when handling amputated limbs, hand or other body parts. Such procedures should be followed after contact with the blood of anyone, regardless of whether they are known or suspected to be infected with HIV or HBV.

### **SPECIAL CONDITIONS FOR OFFICERS**

#### **XII. INTRODUCTION**

Blood is the single most important source of HIV, HBV and other blood-borne pathogens in the occupational setting, and preventing transmission must focus on blood and other body fluids containing visible blood. Precautions apply to semen, pleural, peritoneal, pericardial, urine, feces and amniotic fluid.

### **XIII. GENERAL PROCEDURES**

- A. When working in an environment in which body fluids are known to be present, the measure of protection will be barriers of protective clothing and universal precautions.
- B. Protective clothing consists of gloves, boots, goggles and face masks. Goggles and face masks are to be used only in environments in which body fluids become aerosolized or splattering is likely to occur.
- C. Work environments include but are not limited to sewers, open sewers, bathrooms, rendering first aid and CPR, and assisting the public.
- D. Whenever possible, one must not come in contact with any body fluids, i.e., hosing down bathrooms, playground equipment, etc.
- E. Hands and other skin surfaces shall be washed immediately and thoroughly if contaminated with blood or other body fluids or after having been in contaminated areas.
- F. Body fluid spills should be hosed down a drain or wiped up and cleaned with a disinfectant solution when wearing the proper protective equipment.
- G. Needles and sharp instruments should not be recapped. Do not remove used needles from syringes. Do not bend, break or otherwise manipulate any needle. Place syringe and needle combinations and other sharp items in puncture-resistant containers for proper disposal.

### **XIV. PROTECTIVE CLOTHING**

After working in an environment in which body fluids are known to be present, the protective barriers (gloves and galoshes) should be cleaned and disinfected prior to removal, if possible. Other barriers may be removed prior to cleaning and disinfecting.

## **XV. TRAINING**

The training Sergeant will be responsible for the coordination of all training on the communicable disease program. He will work with City Hall in obtaining training programs.

All employees will be advised of any health fairs offered by the Village.

All new hires will be offered inoculations for communicable diseases at the time of hire.